B

5 TATE OF MARYLAND—	23
County Donerset	Registration Dist. Np. 2 65
Village or City Crisfield	No. St., Waldesth occurred in a horpital or institution, give its NAME instead of street and number)
B. 1. 0 0	
2. FULL NAME / Oly, 13. Umis	
(a) Residence: No. 1016 of Much (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH 26 ,193 5— (Month) (Day) (Year)
a. If marriad, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attanded deceased from
(or) WIFE of LA ary Umis	DELIST, 1934 to gam 20, 1931
DATE OF BIRTH (month, day, and year) Mach 2 /862	I last saw h in aliva on gum 19 1981 death is sa
AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 4.30 Am.
62 10 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trada profession or particular	Date of ons
kind of work done, as SPINNER, Tarmer SAWYER, BDDKKEEPER, etc.	
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc	Pulmonary 6
10. Data dacaasad last worked at 11. Total time (years)	10
this occupation (month and / 93/ spent in this occupation	July Courses Inn
DIDTUDI LOS COMOS COCOMOS C. C.	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	
13. NAME Vickolas Cima	
14. BIRTHPLACE (city or town) Alnsman	Name of operation Date of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unlaman	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Data of injury, 19
(State or country) /r	Whare did injury occur?
7. INFORMANT Maggie Susan and	(Specify city or town, county and State) Specify whether Injury occurrad in INDUSTRY, in HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place WC Comac VW, Date Jan 2 d, 19 3)	Nature of injury
9. UNDERTAKER OF COMMEN	24. Was diseasa or injury In any way ralatad to occupation of dacaased?
D. FILED FUZI, 1935 To E ballus Registrar.	(Signed) & Elevery M. (Address) familial Sur

DOCAG

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
y5,1927	Peritonitis	3 days ago
y 1,1923	Other contributory causes of importance:	1 year
1 3	1921 y5,1927	1921 Run over by street car y5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	_AND—C	CERTIFICATE OF DEATH	1850
1. PLACE OF DEATH		(108)	
County James 1		Registration Dist. No. 2 6	J
Village or City Leisfield,	Md.	No. St., leath occurred in a horpital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where deeth occurred		ds. How long in U.S. If of foreign blith?yrsmo	
2. FULL NAME Sydney Ba	anoka	ent.	
(a) Residence: No.		St., Ward.	
(Usual place of al		If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICU	JLARS	MEDICAL CERTIFICATE OF DEATH	
Male Legio. 5. SINGLE, MARRIET OR DIVORCED (2)	write the word)	21. DATE OF DEATH (Month) (Day)	, 1935 (Year)
a. If married, widowed, or divorted HUSBAND of (or) WIFE of Dolly Beauch	amp	22. I HEREBY CERTIFY, That I attended of	
1870	-	, 19, to	, 19
DATE OF BIRTH (month, day, and year) not hour	wa	I last saw h, 19,	; death is sai
AGE Years Months Days	If LESS than	to have occurred on the date stated above, at 130 m.	
	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	,
1 8 Trade profession or particular		1010 43 (01010)	Oate of onse
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupietion (month end	~	Profession	Mill Vi
9. Industry or business in which	1	2 - Comment of the co	44
work was done, as SILK MILL, Farmers & Ja	nouse		
10. Date deceased last worked et this occupetion (month end 1937 spent in occupetion)	i this		
Premate for	ile	Other Contributory Causes of Importance:	
2. BIRTHPLACE (city or town) / October (City or town) / Mod.	9	Polaria mell. T	Sol
13. NAME MOT Amourn 14. BIRTHPLACE (city or town) 1/		Onarme repusas	193
14. BIRTHPLACE (city or town)		Name of operation Oate of	
(State or country)		Whet test confirmed diegnosis? Was there an e	
15. MAIDEN NAME not known	1	23, If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Oate of Injury	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)		Where did injury occur?	,
7. INFORMANT Dely Beaughan	fl-	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLA	CE.
B. BURIAL, CREMATION, OR REMOVAL	-0	Manage of Later.	
Place Colored Cemeler Date Add	94, 1935	Manner of injury	
0 1 8 //	,, 135,0	Neture of Injury	
O. UNDERTAKER J. D. Lawosovic		24. Was disease or injury in eny way related to occupation of deceased?	-
(Address) Cristila M	1	If so, specify	
0. FILED 9 Fren 9 1935 / lo Elace	ins	(Signed) 6 Eleallus	M.
	Registrar.	(Address) - louchield	

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
11		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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BINDING

FOR

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	
County Smules (Registration Dist. No. 270
Village or City Kungston and	Nonceured me hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	_mosds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Stillow Bryland	
(a) Residence: Np. / Kungstors .	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("unite the wor	D. 21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Yea
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased
6. DATE OF BIRTH (month, day, and year) Lan (8/935	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS th	
	hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular	Ondust 1 5 malls
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Cwefur
11. Total time (years)	
O this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
(State or country)	
13. NAME Lay Browlond.	
14. BIRTHPLACE (city or town) Lugston ml	Name of operation Date of
(otate of country)	What test confirmed diagnosis? Was there an autopsy?_
15. MAIDEN NAME Propula Long. 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the Iollowing:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19_
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT fory forularing (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL	Manner of Injury
Place / Supton Date for 18, 196	Nature ol injury
19. UNDERTAKER Self.	24. Was disease or injury In any way related to occupation of deceased?
(Address)	If so, specify of
20 FILED M19 35 Quelia 12, Jaws	ou (Signed Lengt Couldant My
Registra Regulius Regulius Blanks are needed, address State Reg.	r. (Address) Massan Del

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

ż

1. PLACE OF DEATH	
County Smeast.	Registration Dist. No. 26/
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?rcs
2. FULL NAME Stellon Builder	
(a) Residence: No	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) Jaw 18 18 35	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
Pardustof of mallis Complex 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Br 5 4-
12. BIRTHPLACE (city or town) (State or country)	Other Centributery Causes of importance:
13. NAME Millon Hinduces	
13. NAME Millon Hondings 14. BIRTHPLACE (city or town) Ond. (State or country)	Name of operation Date of Date of Date of Date of
15. MAIDEN NAME Ellel Briskell	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Will Brillel 16. BIRTHPLACE (city or town) D, (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Ellie Brakell (Address) marin m.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place House emetery Date 1/19 1935	Manner of injury
19. UNDERTAKER J. O. Priddell Marion Marion Marion	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1 9 19 Churchia D Jan	(Signed) Museup M. D. (Address M. M. D.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE (OF MAR	YLAND—	CERTIFICATE OF DEATH 00854
County	sersel.		Registration Dist. No. 268
Village or CityOHANGE	7.713		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurred		ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME	131	vvn	
(a) Residence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE B.	S. SINGLE, MAI	RRIFD, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) &	IAN 18 1	935	I last sew h alive on 1935; death is sai
7. AGE Years Months	Days	If LESS than 1 day, 5 hrs. ormin.	to have occurred on the date stated above, atm The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Thematury but
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
0 10. Date deceased last worked at this occupation (month end year)	11. Total spa	time (years) ent in this upation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) OHAN	ANCE TO		Other Contributory Causes of Importance:
13. NAME Jerone	BR	own	
13. NAME 14. BIRTHPLACE (city or town)QH (State or country)	ANGE, M	D.	Name of operation Date of Was there an aulopsy?
15. MAIDEN NAME Sarah 16. BIRTHPLACE (city or town)	MARIA	qual	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT SALAM	1320	uvy	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) CHANGE 18. BURIAL, CREMATION, OR REMOVAL Place Channel MM	Date Jan	-18 ,1935	Manner of injury
19. UNDERTAKER CADDON (Address)	My	W.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan (8, 1935 A	Jon W	elets Registrar	(Signed) M. (Address) M. (Addre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	0.0	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.			-
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
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63	6.8	A	2.2	- 5
U	U	1	17	-

1. PLACE OF DEATH	940)
County Operact WITHIN	CORPORATE LIMITE Registration Dist. No. 2 65
Village or City Unisfield	No. St., Wat (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsr	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME TOWN //. Carson	
(a) Residence: No. Man Stut	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Male White Onarrie (write the word)	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Ruth Carson	22. I HEREBY CERTIFY. That I attended deceased fr
6. DATE OF BIRTH (month, day, and yeer) 7 3, 1882	I last saw h alive on 5 18 3 5, 19 ; death is s
7. AGE Years Months Oafs If LESS than I day,	
5-2 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER.	1 Caranay / handon
kind of work done, as SPINNER, I a food Dea	Francische din bal
9. Industry or business In which work wes done, as SILK MILL,	
kind of work done, as SPINNER, A conformal form of the same state	
12, BIRTHPLACE (city or town) Penns	Other Contributory Causes of Importance:
(State or country)	Cara So Cara De eta
13. NAME allern Lee Corson	1
13. NAME WWW Lee Carson 14. BIRTHPLACE (city or town) Penny	Name of operation. Oate of
(State or country)	70
15. MAIDEN NAME Glla Shines	What test confirmed diagnosis?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury 19
16. BIRTHPLACE (city or town)	Where did injury occur?
Buth Corson	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
7. INFORMANT (Address)	Opening mining occurred in 10005181, in Home, or in Public Place.
8. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Hamplon Fa Octofan 7 ,193.	Nature of Injury
John a Bradslan	24. Wes disease or Injury In any wey related to occupation of deceased?
19. UNDERTAKER PORT OF CONTROL OF	If so, specify
9 15 /25 / 5 /200°	(Signed)
20. FILEO JAMO 1930 10 G ADOLLING	(Address) Carol Q Q Q

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Date of onset	The principal cause of death and related causes of importance were as follows:	
		1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

p

of OCCUPA-

1. PLACE OF DEATH	2
County Samerset	Registration Dist. No. 262
Village or City Linley Shapal	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME 10 ne lashields	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Jan (Month) (Day) (Year)
5a. If mbried, widowed, or divorced HUSBAND of Riggie Re Shieles (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h + 2000 alive on 54 PT 2 , 1934; death is said
7. AGE Years Months Days If LESS than I day,hrs. orhrs.	to have occurred on the date stated allove, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Fulmonary Juborculosis 1931
10. Date deceased last worked at this occupation (month and year) /932 spent in this occupation /932	
12. BIRTHPLACE (city or town) (State or county)	Other Contributory Causes of Importance:
# 13. NAME Galeph Ma Shields	
13. NAME Caleby /Ja Shields 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an au'opsy? No
15. MAIDEN NAME Connice cedilliams	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Edward / Ja Shields	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Annless Chapeloate Jan 8 1935	Manner of injury
19. UNDERTAKER Vermon Stevenson	Nature of injury
20. FILED Jan 7 , 195 Samuel Scott Registrar.	(Signed) Scaon 7. States M. D. (Address) 7.

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Example I	[1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WINDEAU W. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1 m

County County					Registration Dist. No.	261
Village or City		mil.		No		St.,Ward
Length of residence	n city or town where	death occurred			al or institution, give its NAME instead of in U.S. if of foreign blrth?yrs	
(a) Residence: No	•	(Usual place	of abode)	St.,Ward	d. If nonresident give city or	town and State
PERSONAL	AND STATIST	ICAL PARTI	CULARS	MEDI	CAL CERTIFICATE OF DI	
4 .0 0	OLOR OR RACE	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF D	EATH (Month) (Day)	, 193 J
ia. If married, widowed, or HUSBAND of (or) WIFE of	of aux			22. I HE	REBY CERTIFY, That	
S. DATE OF BIRTH (month	day and year)	at 11 19	34	I last saw ha		, 19 33 ; death is sai
7. AGE Years	Months 3	Days /	If LESS than 1 day,hrs. ormin.	to have occurred on the	e date stated above, atm. E OF DEATH and related causes of import	
8. Trade, profession, kind of work displayer, BDOK 9. Industry or busine work was done SAW MILL, BAI 1D. Date deceased last this occupetion year)	one, as SPINNER, KEEPER, etcss in which as SILK MILL, worked at (month and	n our	me (years) It in this pation	Whooping Oou Followed by	gh: duration , two weeks	4
2. BIRTHPLACE (city or to (State or country)	wn) m	ઝી,		Other Contributory Can	sees of importance:	Jan. 1, š
13. NAME Hyy 14. BIRTHPLACE (city of CState or counts)	or town) Dm	2 .		Name of operation		Date of
15. MAIDEN NAME Helen Soco 16. BIRTHPLACE (city or town) (State or country)			23. If death was due to external ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide?		e following:	
7. INFDRMANT (Address) 8. BURIAL, CREMATION, I	011-6	me.	12 04	Specify whether injury Manner of injury	occurred in INDUSTRY, in HDME, or in P	UBLIC PLACE.
9. UNDERTAKER 64 (Address)	las H	was	1. 1927		ry in any way related to occupation of dec	
20. FILED 71.7	, 163V The	relea 19	Registrar.	(Signed) (Address)	mount only	м.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Medical

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

00858

1. PLACE OF DEATI	H			95.6		
County Some	rset	••••••		Registration Dist. No. 2		
Village or CityCO			(lf	No. St., f death occurred in a hospital or institution, give its NAME instead of street and nu sds. How long in U.S. if of foreign birth?yrsmos.	Ward	
2. FULL NAME F	lorence	May De	ennis	HATE ANY DESIGNATION OF THE STATE OF THE STA		
(a) Residence: No.		(Usual place	of abode)	St., Ward. If nonresident give city or town and St.	Hate	
PERSONAL AND	STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR Whi		5. SINGLE, MAR OR DIVORCEI	RIED, WIDOWED,	21. DATE OF DEATH January 7th. (Month) (Day)	193 5 (Year)	
5a. If merried, widowed, or divorce HUSBAND of (or) WIFE of ELWOO	d Denni	S		22. I HEREBY CERTIFY, That I attended de		
6. DATE OF BIRTH (month, day, a 7. AGE Years 4.8	Months ★×★	ember24 Days 14	If LESS than 1 day,	to have occurred on the date stated above, at 7 • 30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession, or particle wind of work done, as SAWYER, BOOKKEEPE 9 Industry or business in work was done, as SIL SAW MILL, BANK, etc 10. Date deceased last worke this occupetion (month year)	SPINNER, Ho R, etc. Ho hich K MILL, d at and	11. Total ti	ime (years) It in this Ipation	Dead on my arrival. Probably a heart condition superinduced by repeated attacks of asthma.		
12. BIRTHPLACE (city or town) (State or country) 13. NAME John Ke.		unt aryland	l.	Other Contributory Causes of importance:		
14. BIRTHPLACE (city or town (State or country)			ıty	Name of operation Date of What test confirmed diagnosis? Was there an aut		
15. MAIDEN NAME Sars	ah Town	send		23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME SATS 16. BIRTHPLACE (city or town (State or country)	Mary	land.	ıty	Accident, suicide, or homicide? Date of injury, 19 Where did Injury occur? (Specify city or town, county and State)		
17. INFORMANT Robert Dennis (Address) o comoke City, Naryland. 18. BURNAL CREMATION, OF REMOVAL ery Place Jamestown, Nd Pate Jan 10th, 19 35				Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC Manner of injury Nature of injury		
19. UNDERTAKER JOANS	or City,	Marylar	eu sou	24. Was disease or injury In any way related to occupation of deceased?		
20. FILED 300 19	36 Damus	el Seat	Registrar.	(Signed) Aslankur (Address) Louis Land (Address)	M. D.	

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Example I.		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis	1910	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1

OCCUPA

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5a. If

6. DA 7. AGI

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (city or town (State or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town)

(State or country)

16. BIRTHPLACE (city or town) (State or country)

13. NAME

17. INFORMANT

19. UNDERTAKE

(Address) 18. BURIAL, CREMATION,

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00859
PLACE OF DEATH	
county onerset	Registration Dist. No. 2-70
Village or City Custield	No. St. Ward
/ / / / /	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 3 yrsm	osds. How long in U.S. if of foreign birth?yrsds.
FULL NAME Harley Wise	
(a) Residence: No. Cristills, State Ra	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
married, widowed, or divorced HUSBAND of or) WIFE of Minnie Loise	22. HEREBY CERTIFY, That I attanded deceased from
IE OF BIRTH (month, dey, and year) June, 1882	I last saw h aliva on
Yaars Months Deys If LESS than	to have occurred on the date stelled above, at 12:30 Am.
5 ² 7 1 day,hr	ware se followed
R. Trada, profession, or perticular kind of work done, as SPINNER, Halerman	Ellela sufection Detronet
9. Industry or businass in which work was done, as SiLK MILL, Boats SAW MILL, BANK, etc	Callulities : Set a case of sayaifelas
D. Date daceasad last worked at Lee 11. Total time (years)	

spent in this 30 occupation ... Name of operation_____ What test confirmed diagnosis? 23. If death was dua to axternal causes (VIOLENCE) fill in elso the following: Accident, suicida, or homicide? Whare did injury occur?. (Specify city or town, county and State) Spacify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Manner of injury Neture of injury. If so, spacify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		Registration Dist. No. 2	70
Village or City Hopewell Me		No. St., f death occurred in a hospital or institution, give its NAME instead of street and it. ds. How long in U.S. if of foreign birth? yrs	
2. FULL NAME Catharene Dou	glan		
(a) Residence: No. State Rood (Usual place of ab	ode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED OR DIVORCED (w Married	rite the word)	21. DATE OF DEATH (Month) (Day)	., 193.5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Llouglan	e	22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year) Oct. 25,1	892	liast saw here alive on 1930	; deeth is seid
7/ 11/1 2 1 7 10	If LESS than day,hrs.	to have occurred on the date steted above, at Local Arm. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc	9	acut see of Hent	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at a g 11. Total time (See this occupation (month and see this see this see this see this see this see the see			
10. Date decessed lest worked at this occupation (month and 1934 spant in occupation)	this Market	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town) / Lahewell (State or country) and		arginono 1 meros	
13. NAME Frank Horsey			
13. NAME Frank Horsey 14. BIRTHPLACE (city or town) Someway (State or country)	outy nd	Name of operation Date of What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Retta Cattings	home	23. if deeth was due to external causes (VIOLENCE) fill in also the foliowing	
15. MAIDEN NAME Vetta Catting of 16. BIRTHPLACE (city or town) Jonnes C (State or country)	ng	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Joseph Long (Address) Hohewell	Las	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) 'LACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Hafewell Cens Date Jon 2	3 ,19 3 5	Manner of injury	
19. UNDERTAKER John G Bradsh	an	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED 1/13, 1935 Aurelia / Jak	Registrat.	(Signed) Sury Coulling (Address) musics mo	M. I
O Vicalin The Hante blanks are needed, addre	ss State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EMBRAII V. 6:	:		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Ward

(Year)

Date of enset

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SURFER OF VIEW			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

D	item of infor-	should state	of OCCUPA.	
0	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
INDING	RMANENT RI	XACTLY.	classified. Ex	
ED FOR B.	HIS IS A PE	be stated E	be properly	of certificate
MARGIN RESERVED FOR BINDING	ING INK-T	AGE should	so that it may	tions on back
MARGIN	TTH UNFAD	ully supplied.	plain terms, s	t. See instruc
•	PLAINLY, W	ould be caref	F DEATH in	TION is very important. See instructions on back of certificate.
7	-WRITE	mation sh	CAUSE (TION is

N. B.-WRITE PLAINL mation should be

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00862
1. PLACE OF DEATH	(131)
County gomeral	Registration Dist. No. 268
Village or City Deals Island	No. St., Ward [f death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Assbella Food	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. f HEREBY CERTIFY, That I attended deceased from
00 +1021	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end year) Would 187)	l last saw h; death is said
7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Fore 2 remains on 2, 1935
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	Death due to voterral
10. Date deceased last worked at this occupation (month and control of the coupetion occupation)	Cardia-rescular-renal diseased. Duration: no
12. BIRTHPLACE (city or town) Deed La Lymb (State or country)	Other Contributory Causes of importance:
I 13. NAME John W. L. Tord	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME OF MAN SALVEY CO	What test confirmed diagnosis?
15. MAIDEN NAME Onie Sawrenge 16. BIRTHPLACE (city or town) Saltemore, Ind. (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Description John Date 2, 1935	Manner of injury
19. UNDERTAKER F. J. Walnute (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20, FILED Jan 2, 1935 - Rora Webter	(Signed) M. D. M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA Village or City PHYSICIANS Length of residence in city or town where death occurred statement (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 6 OR DIVORCED (write the word) BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Years Months Davs 1 day, hrs. ware as follows: 8. Trede, profession, or particules OCCUPATION kind of work done, as SPINNER, ARGIN RESERVED SAWYER, BOOKKEEPER, etc. may back 9 Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc._____ 10 Date deceesed last worked at 11. Totel tima (years) this occupation (month and & occupation. instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis be carefully D MOTHER important. 15. MAIDEN NAME 16, BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?_. 17. INFORMANT should (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE CAUSE Nature of injury. LION 19. UNDERTAKER (Address) If so, specify

1. PLACE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) IHEREBY CERTIFY, That I attended daceased from to have occurred on the data stated above, at 6. 10A The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of enset 23. If death was due to external causes (VIOLENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, 24. Was disease or injury in any way related to occupation of deceased (Signed)

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SOR	3		
Other contributory causes of importance:		Other contributory causes of importance:	
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?... If nonresident give city or town and State (Usual place of abode)

County Village or City MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DAVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months Days I day, ____hrs. **DEATH** and related causes of importance or min. Date of onset 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked et 11. Total time (years) this occupation (month end spent in this occupation _. Other Contributory Canses of importance 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis?. 15. MAIDEN NAME MOTHE 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_______ Date of injury_______ 19 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT (Address) 18. BURIAL, CF Manner of injury Nature of injury_ 24. Was disease or injury in eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

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MUNISAU UNES	14		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

16. BIRTHPLACE (city or town)

17. INFORMANT

19. UNDERTAKER

(Address)

(Addiess)

(State or country

18. BURIAL, CREMATION, DR REMDVAL

V. S. No. 1

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Where did injury occur?_.

Manner of injury

Nature of Injury.

If so, specify (Signed) (Day)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

24. Was disease or Injury in any way related to occupation of deceased?

(Specify city or town, county and State)

(Year)

Date of onset

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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH should County Registration Dist. No. Village or City. (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred... (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) BINDING 5a. If married, widowed, or divorced 22. EREBY CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months Days 1 dayhrs. The PRINCIPAL CAUSE OF DEATH end raleted causes of importance or min. 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.____ RESERVED 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... may back should 10. Date deceased last worked et 11. Total tima (veers) this occupation (month end spent in this occupation _____ Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Neme of operation_ 14, BIRTHPLACE (city or town). (State or country) What test confirmed diegnosis?_____ Wes there en eu'opsy?_ carefully MOTHER important. 15. MAIDEN NAME 23. If deeth wes due to axternal ceusas (VIOLENCE) fill in elso the following: Accidant, suicide, or homicida?______ Date of injury______ 19. 16. BIRTHPLACE (city or town) (State or country) Whare did injury occur?_____ (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT. should (Address) OF 18. BURIAL CREMATION, OR REMOVAL Manner of Injury CAUSE Natura of injury_. LION 24. Wes diseasa or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Addrass) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

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Example I	3.41	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY,

V. S. No. 1

	TE OF	MAR	YLAND—	CERTIFICATE	OF DEAT	H 0	0867
1. PLACE OF DEATH	1			(107-0)		21	2/
County Souli					Registration Dist	. No.	
Village or City U	alisa !	RB	-06	No. death occurred in a hospital or institu	ution give its NAMF ins	St.,	Ward
Langth of residence in city or to	own where death	occurrad/		ds. How long In U.S. if			
2. FULL NAME M	aller	all	el Alu	usm.			
(a) Residence: No.	hush	ve 12	Dona	St, Ward.			
		(Usual place				city or town and	State
PERSONAL AND ST					ERTIFICATE O	FDEATH	
3. SEX 4. COLOR OR What			RIED, WIDOWED, O (write tha word)	21. DATE OF DEATH	(Month)	/2 (Day)	193 3 (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	zh.			22. I HEREB	Y CERTIFY.	Thet i ettended d	leceasad from
	C.	11 16	33	i last saw h & elive on	Lan 12		death is said
6. DATE OF BIRTH (month, day, end y 7. AGE Years	Months	Days	I if LESS than	to have occurred on the date stet	OP	m	, death is said
	5	4	1 dey,hrs.	The PRINCIPAL CAUSE OF DEA	THE RESERVE TO SERVE THE PARTY OF THE PARTY	f Importence	
O Testo profession or portionto		/	ormin.	were as follows:		10 Oct 2000	Date of enset
8. Trade, profession, or perticuta kind of work done, es SPI SAWYER, BOOKKEEPER, et	NNER, tc			bout or	2 ment	~	
kind of work done, es SPI SAWYER, BOOKKEEPER, et 9. Industry or business in which work was done, es SILK M SAW MILL, BANK, etc	in, Che	ed					*********
10. Oate deceased last worked at this occupetion (month and year)		11. Total ti sper occu	me (years) It in this Ipetion				
12. BIRTHPLACE (city or town)	me.			Other Contributory Causes of imp	portance:		
(State or country)		0 0		Bronches O.	neuma	. /	يحده وسط
13. NAME Duran	mush	- John	men.				
13. NAME Duy 14. BIRTHPLACE (city or town)	Wester	s n	eD.	Neme of operation		Dete of	
	- 11.	Re		Whet test confirmed diegnosis?			
15. MAIOEN NAME	M NOW	1. 0	2 mg	23. If deeth was due to externel ce		•	
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	water	00.1		Accident, suicide, or homicide?	Dete	ot injury	, 19
17. INFORMANT Bangon	- 4 14	lus	1	Where did injury occur?	(Specify city or tow in INOUSTRY, in HOME,		
(Address)	1 Cests	ver	100				
18. BURIAL, CREMATION, OR REMOVE	entry or	no fam	14 ,1986	Menner of injury			
19. UNOERTAKER DEM	Sten	mayer		24. Wes diseese or injury in eny	wey releted to occupation	n of deceesed?	
(Address)	wohn le	Ty O 1	to de	If so, specify			
20. FILED 714, 193	5 aurele	a 12.8	Registrar.	(Signed)	cent	low.	M. D
			Megistrat.	(,(,)	· · · · · · · · · · · · · · · · · · ·		

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	Lucan
			1 year

-WRITE PL. ALY, WITH UNFADING INK—THIS IS A PERMANENT READED. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is one interms. MARGIN RESERVED FOR BINDING N. B.—WRITE PL.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00868
County Somesal	Registration Dist. No. 269
Village or City Monie	NoSt., W
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Dengaming to face	esol
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male while OR DIVORCED (grite the word)	21. DATE OF DEATH (Month) (Dey) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Four 7 Pairs	22. I HEREBY CERTIFY. Thet I ettended deceased.
DATE OF BIRTH (month, day, end year) Kerne 25 1851	I last saw h. I M alive on Q J J 4 1937 : deeth is
AGE Years Months Days If LESS than	to have occurred on the date stated above, et 6 P. m.
83 6 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and reteted causes of importance
8. Trade, profession, or particular	were as follows: Oste of or
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	A STATE OF THE STA
9. Industry or business in which	Mexica dition
work was done, es SILK MILL, SAW MILL, BANK, etc	10 times of the state of the st
10. Oate deceased last worked at this occupation (month and yeer) 1730 spent in this occupation 1930	of Durstion: five Joons Cugn
BIRTHPLACE (city of town)	Other Contributory Causes of importance:
(State or country) Masuland	Crewas being
13. NAME B7 Laised	
0,1,0	nene
14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation Date of
15. MAIOEN NAME LILLA MILLAR	What test confirmed diagnosis? Was there an eutopsy?
- Fourth 1 - was country	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(M) October	Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Osiall Me Date Jan 1935	Neture of injury
UNDERTAKER Dale Dispiells (Address) Guness Aun one	24. Was disease or injury In any wey related to occupetion of deceased?
). FILED Jan 7 , 1985 me h Comet	(Signed) (Address) Address
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	00865
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1	. PLACE OF	DEATH Somerset		177	83.£	5	-65-
		Crisf	ield			Registration Dist. No. 2	- 6 3
	Village or Ci	ence in city or town where	death occurred 5	9 yrs 0 mos	death occurred in a hospital or inc 29 ds. How long in U.S.	Sitution, give its NAME instead of stree	t and number)mosds.
2	(a) Residence	ME Bulah	Laird 1 Stree		eld Md Ward.		
			(Usual place	e of abode)	4	If nonresident give city or tow	
		AL AND STATIST	1			CERTIFICATE OF DEAT	гн
3. S	F	4. COLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH	(Month) (Day)	, 193 5 (Year)
5a.	If married, widowe HUSBAND of (or) WIFE of		H Boch	man		BY CERTIFY, That I atte	
6. I	DATE OF BIRTH (n	nonth, day, and year)	ec 13 1	375		Jan. 11 1 , 19	
7. A	AGE Years	Months O	Days 29	If LESS than 1 day,hrs. ormin.	THE RESERVE THE PARTY OF THE PA	tated above, at 2:30 A.m. EATH and related causes of importance	Date of onset
OCCUPATION	9. Industry or b work was SAW MILL 10. Date deceased this occupa- year)	done, as SILK MILL, , BANK, etc	34 11. Total spa	time (years) 10 int in this 10 upation	Other Coutributory Causes of in	mportance:	
ER	13. NAME	Thomas	W Laird				
FATHER	14. BIRTHPLACE (State or o	(city or town)Cr				Date Was ther	
MOTHER 17.	15. MAIDEN NAME Mary J Tawes 16. BIRTHPLACE (city or town) Crisfield (State or country) Md Jenning Mears				23. If death was due to external Accident, suicide, or homicide? Where did injury occur?	causes (VIOL ENCE) fill in also the fol	llowing:
18.	(Address) BURIAL, CREMATION PlaceC.r.		isfield		4		
19.	UNDERTAKER (Address)	ohn a Bri Crifice 14,035	odsfa	elling Registrar.	24. Was disease or injury in an	y way related to occupation of decease	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Gallstones	May 1,1923	Gastroenteritis	

,	-
(M)
/	
1	0

1. PLACE OF DEATH

S

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH

2		ME Juli	./	nosds. How long in U.S. if of forelgn birth?yrs,mos
	(a) Residen	ice: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSON	IAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	m	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Ye
5a.	If married, widow HUSBANO of (or) WIFE of	vad, or divorcad		22. I HEREBY CERTIFY, That I attanded decease
	DATE OF BIRTH AGE Yes	(month, day, and yaar) ors Months	Oays If LESS than 1 day,	to have occurred on the date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:
OCCUPATION	kind of s SAWYER 9. Industry or	ssion, or particular work dona, as SPINNER, , BOOKKEEPER, etc business in which s dona, as SILK MILL,		chape Pern Dark
OCCO	SAW MII 10. Oata dacaas this occu	L, BANK, etcad last workad at pation (month and	11. Total time (yaars) spent in this occupation	Cause non Person
12.	BIRTHPLACE (ci		fill gud	Other Contributory Causes of importance:
ATHER	13. NAME	andrew (city or town)	melbourne	Name of operation
F		country)	nic	What tast confirmed diagnosis? Was there an autopsy?
MOTHER 17.		(city or town)	ranglust	23. If daath wes due to axternal causes (VIOLENCE) fill In also tha following: Accident, suicida, or homicide?
18.		ION, OR REMOVAL	- Oate Jan 14, 195	Manner of Injury
_	UNDERTAKER (Addrass)	Crispial	Schaue die	24. Was disaase or injury in any wey ralated to occupation of daceasad?

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Gallstones	May 1,1923	Gastroenteritis	1 year

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MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	,	82-00
County Somerse	T	Registration Dist. No. 260
Village or City Vrues		No. St., Wo feelsh occurred in a horpital or institution, give its NAME instead of street and number) s. How long in U.S. if of foreign birth? yrs. mos.
Length of residence in city of town where deal	th occurred yrs	bs. How long in U.S. if of foreign birth?
(a) Residence: No.		St., Ward.
(a) Residence, Res	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Toubland	22. I HEREBY CERTIFY, That I attended deceased f
6. DATE OF BIRTH (month, day, and year)	ue 16, 1863	I last saw h alive on Jon 24, 1935; death is
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
// 7	S ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNIR.	heuten	Contrat heumrhas & 1/2
Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, etc.		-
10. Date deceased last worked at this occupation (month and	11. Total tima (years) spent in this	
year)	occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) ON OU (State or country)	yloud	
13. NAME VICTOR 14. BIRTHPLACE (city or town)	why 1	
14. BIRTHPLACE (city or town)	britand	Nama ef operation Date of
(State of coulity)	1 Pa	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME LESS TO TOWN 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. MINING TOWN 16. M	Locuras	23. If death was due to external causes (VIDLENCE) fill in elso tha following:
16, BIRTHPLACE (city or town)	en and	Accident, suicide, or homicida?
State or country)	An II o	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Clear buth (Address)	un Out my	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	11 2.3	Manner of injury
Place Down Course Go	Date	Nature of injury
19. UNDERTAKER PMS MELL (Addiess) p or	ne Ind	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2 22 19 35 9	J. Smith, m. D.	(Signed) Abrell Alle Alle Alle Alle Alle Alle Alle

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	é	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
*			

V. S. No. 1 N. B.—

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U	U		1	0

1. PLACE OF DEATH County Ornust		Registration Dist. No. 26/
Village or City Museum:	(II aath occurred 76 yrs 3 mos	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) **A ds. How long in U.S. if of foraign birth?
2. FULL NAME Carsum (a) Residence: No.	Cusal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Voluk	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	17 20 1858	22. I HEREBY CERTIFY. That I attanded daceased from 19.30, to 3, 19.35; death is said
7. AGE Years Months 76. 3	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at //m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
S. Hade, potessing, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decassad last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (Stata or country)	Hussells 11. Total tima (years) spent in this au 4. occupation	Other Contributary Causes of importance: Change Just replaces Change Mysells Change Mysells
13. NAME Our or town)	D	Name of operation Data of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maryur 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT M. E. A. A. A. (Address)	dans,	23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
18. BURIAL, CRENATION OR REMOVAL	1906ta / 6 ,1935	Mannar of injury
19. UNDERTAKER The Grand (Addrass) 20. FILED 15, 1935 Guile	padehay els 7. Jawson Registrar.	24. Was disease or injury In any way related to occupation of deceased? If so, spacify (Signad) Sungal Owlland M.D. (Address) Massam 200

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

1. PLACE OF DEATH	Registration Dist No. 260
County Diversel	Noglotiation plat. No.
Village or City V/Cuca Co	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Marles W. Co.	19
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (notice the word)	21. DATE OF DEATH (Month) (Day) (Year)
ia. If married, widowed or divorced HUSBAND of (or) WIFE of Sally E, doug	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 55, 1852	I last sawham alive on Jan 17, 1931; death is said
7. AGE Years Months ays If LESS than	to have occurred on the date stated above, at
82 7 2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
S. Trade, profession, or particular kind of work done, as SPINNER, Turuer SAWYER, BDOKKEEPER, etc.	allute Welleritis; Duration ?
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	not known Connot furnish my
SAW MILL, BANK, etc	additional information. Court
12. BIRTHPLACE (city or town) mary land (State or country)	Other Coutributory Causes of importance:
13. NAME Edward Long	
14. BIRTHPLACE (city or town) Than Could	Name af operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? Mc
15. MAIDEN NAME Curella Youch	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19 Where did Injury occur?
17. INFORMANT AND C. W. Voyage Fred (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Princes Gene Data 1/19	Manner of injury
19. UNDERTAKER Professional (Address)	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED Jan 19, 1935 2 Joseph, M. D. Registrar.	(Signed) Attalies to we will me (Address) Ruces Cur well

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUPEAU V.S.		•	
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones 7 7	May1,1923	Gaštroenteritis /	1 year
	,)		
	/		

1

19. UNDERTAKER
(Address)

20. FILED.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify (Signed).

(Address)

24. Was disease or injury In any way related to occupation of deceased?

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			nenene

N. B.-WRITE PLAINLY.

1. PLA	CE OF DEAT	Н				
Cou	nty Some	rset			Registration Dist. No. 2 6 5	
	age or City	Crisficor town where			No. St., Waldeath occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos	
	L NAME W			fatthers		
PE	RSONAL AND	STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR	OR RACE	5. SINGLE, MARI	RIED, WIDOWED,	21. DATE OF DEATH (Month) (Day) (Year)	
(or) W	ed, widowed, or divorce AND of (IFE of F BIRTH (month, day,	Nor	ne July 10	1934	22. I HEREBY CERTIFY, Thet I attended deceased from 1935, to 1935 to 1935 death is se	
7. AGE	Years	Months	Days 2	If LESS than 1 dey,hrs. ormin.	to heve occurred on the date stated above, et 9:40 P. m. The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows: Date of one	
100	9 Trade profession or particular				Broschiel precenous 10	
12. BIRTHE	te deceased last work this occupation (mont year) PLACE (city or town) ate or country)	h and	occu	me (years) It in this pation	Other Contributary Causes of importance:	
		Matthe	owe Sr	TO HELD A		
ш	THPLACE (city or tow (State or country)	-	risfiel	d IId	Name of operation Dete of Whet test confirmed diegnosis? Was there an eutopsy?	
E	IDEN NAME RTHPLACE (city or tow (Stete or country)	Bulah	Crisf	ield Md	23. If deeth was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?	
17. INFORM	ANTdress)	Bulah	Matthew Crisf		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
ll .	CREMATION, OR RE	\ A1	. Date Jan	14 ,1935	Manner of injury	
19. UNDER	TAKER ON	1 aB	a day	an	24. Was disease or injury in any way related to occupetion of deceased?	
20. FILED	gram 14,19	35-	lo ble	Registrar.	(Signed) M. Leyton M. (Address) Charlest M.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDING

FOR

RESERVED

ARGIN

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18.41	VAN		
Other contributory causes of importance:	TD a	Other contributory causes of importance:	
Gallstones	May 1.1923	Gestroenteritis	1 year
CanAn	TORN		
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(108)
County Dorneyset	Registration Dist. No. 27
Village or City Da Rewell Mg.	NoSt.,Ward
Length of residence In city or town where death occurred.	If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Mary Ulyaheld Mil	ls
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH 30 1935
a. If married, widowed, as divorced	(Month) (Day) (Year)
HUSBAND OF Edward Mules	22. I HEREBY CERTIFY, Thet I attended deceased from
7h - 10 77	1 1 1 1 1 1 1 1 1
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1735 1 m.
62 8 28 f day,hrs	The PRINCIPAL CAUSE OF DEATH and related couses of importance
8. Trade, profession, or perticular kind of work done, as SPINNER,	Date of one of
SAWYER, BOOKKEEPER, etc.	Joban premoure gan 28
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	(Jneumonin 4/935)
10. Date deceased last worked at this occupation (month end), 1937 1f. Total time (years) spent in this	
BIRTHPLACE (city or town) Northly Ve	Other Contributory Causes of importance:
(State or country)	
13. NAME Hamel Preshpoure	
14. BIRTHPLACE (city or town) Norfall Ve -	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Havey Haves	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
f6. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
G TU	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)	Specify whether injury occurred in MOOSTRY, III NOME, OF III PUBLIC PLACE.
B. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Tell's Centrely Date Feb 3 ,1933	Neture of injury
9. UNDERTAKER TOM A Brodston	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Confidence	If so, specify Argy
0. FILED 3 7 10 3 19 357 le Elevelin	(Signed) Af January M. I
Registrar.	(Address) - /

N. B.—WRITE PLAINLY, WITH UNFAD mation should be carefully supplied.

PHYSICIANS should state

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of info

IARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

of OCCUPA-

Exact statement

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIDEAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
and the latest and th		1	

BINDING

ARGIN RESERVED

Date of enset

(Day)

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1-1-1

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT plnods Registration Dist. No. Village or City ND. ND. St., (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred ds. How long in U.S. if of foreign birth? vrs. mos. ds. statement If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) vidous (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated above, at 7.4 1 dey,____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: or____min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which may work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at II. Total time (years) spent in this this occupation (month and occupation __. instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation_____ (State or country) What test confirmed diagnosis? / OTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?______ Date of injury______ 19_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ (Specify city or towo, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pinou 17. INFORMANT. (Address) 18. BURIAL, CREMATIDM, OR REMOVAL Manner of injury CAUSE mation LION Nature of injury 24. Was disease or injury in any wey related to occupation of deceased? 19. UNDERTAKER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify

(Address)

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DESPECT V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-OCCUPA 1. PLACE OF DEATH Jo blueds Registration Dist. No. item Jo (If dealir occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence in city or town where deeth occurred _ds. Every statement PHYSICIAN 2. FULL NAME SRD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF D 4. COLOR OR RACE OR DIVORCED (write the word) BINDING classified 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years If LESS than MonHi Days to have occurred on the FOR 1 dayhrs. The PRINCIPAL CAU or____min. were as follows: 8. Trade, profession, or particular CUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. MARGIN RESERVED jo back Industry or business in which may should work was done, as SILK MILL, SAW MILL, BANK, etc ŏ 11. Totel time (years)
spent in this on 10. Date deceased last worked at this occupation (month and that occupation instructions Other Contributory 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13, NAME See Name of operation ____ 14. BIRTHPLACE (city or town) plain WITH (State or country) carefully What test confirmed d MOTHER important. 15. MAIDEN NAME 23. If death wes due to .E Accident, suicide, or h OF DEATH 16. BIRTHPLACE (city of town) (Stete or country) Where did injury occu should be Specify whether injury 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury WRITE. AUSE mation LION Nature of Injury 24. Was disease or init 19. UNDERTAKER V. S. No. 1 (Address) If so, specify B (Signed). 20. FILED. Registrar. (Address)

TOAL OLIVINIONIE OF BEATT	
(Month) (Day) , 193 S	ear)
REBY CERTIFY. Thet I attended decease 4, 1934, to 67, 1936; death	3.5
be date stated above, atm. SE OF DEATH and related causes of importance	of onset
ration: three or for years. Rugge	•1.44
uses of importance:	
Date of	200
external ceuses (VIOLENCE) fill In also the following: omicide?	
(Specify city or town, Jounty and State) occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
ry In any way related to occupation of deceased?	M. D.
altimore, Requesting U. S. No. 1.	

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of emilepsu Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis Mau 1.1923 1 wear

certificate.

should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

Cour	ce of deat	et			(45-2) Registration Dist. No. 260		
	ge or City Nea			(1	No. Pacamake R. F. D. St., War [If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U. S. if of foreign birth?yrsmosd		
	L NAME_Sa Residence: No	muel I	Scott		St., Ward.		
			(Usual place		If nonresident give city or town and State		
	RSONAL AND				MEDICAL CERTIFICATE OF DEATH		
Male	Whi			RIED, WIDOWED, O (write the word) E d	21. DATE OF DEATH Jan. 10, 1935. (Month) (Oay) (Year)		
5a. If marrie HUSBA (or) WI			th Scot	t	22. I HEREBY CERTIFY, That I attended deceesed 1934 to Jan 10, 1935.		
6. DATE OF	BfRTH (month, day, o	end year)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	The state of the s	1866.	I lest sew h im alive on Jan. 10, 1935. 19 death is to heve occurred on the dete stated above, at 11.50 m. P. M.		
	68	4	Deys 14	If LESS then 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:		
9, Indu	ind of profession, or pertained of work done, as SAWYER, BOOKKEEP istry or business in work was done, as SI SAW MILL, BANK, etc. deceased lest work into occupation (montlyear)	SPINNER, I ER, etc. I which & S LK MILL EM I ed et 10-1	934 II. Totel til spen occu	me (years) t in this pation	Carcinoma of Lip and Face. Other Contributory Causes of importance:		
(Stat	e or country)	Mary	land				
14. BIRT	HELEVIN SC HPLACE (city or town (State or country))Worces	ster Courvland.	nty	Name of operation Dete of Was there en autopsy?		
16. BIRT	THPLACE (city or town (State er country) NTLIPS Sam ress. F. D/1	Jorce l'a	ryland. Scott	inty	23. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, sulcide, or homicide?		
TT.6	CREMATION, OR REP SDy Certa Ocomore	MOVAL			Menner of injury		
19. UNOERT	AKPR VOM	e City	Al Snie	Quesistrar.	24. Was disease or injury in any way related to occupation of deceased? NO If so, specify (Signed) POCOMOKE CITY, Md.		

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			0.00	
Other contributory causes of importance:		Other contributory causes of importance:		
(nes	May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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71	f 3:	7	N	7	ľ
0	U		(6	ò

1. PLACE	Somerse	+		Registration Dist. No. 26	9
	City Center			NoSt., death occurred in a hospital or institution, give its NAME instead of street and r ds. How long in U.S. if of foreign birth?yrsm	
2. FULL N	5.4	O SO		2 (2))505
	ence: No.			St., Ward.	
PERSO	NAL AND STATIST	(Usual place		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DLYORCED (write the word)		21. DATE OF DEATH Joen 2/	193 85		
5a. If married, wid HUSBAND of (or) WIFE of				(Month) (Day) 22. I HEREBY CERTIFY. That I ettended	(Year)
7. AGE	H (month, day, and year) fears Months ofession, or particular	Days	1f LESS than 1 day, 1-9		death is said
10. Date dece this ocyear) 12. BIRTHPLACE (State or co	city or town	Spa ha o	tima (years) ent in this eupation	Other Contributory Causes of importance:	
	CE (city or town) Oc or country)	nton	d	Nama of operation Date of What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) (Address)		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?			
18. BURIAL, CREM	TION, OR REMOVAL	Date from	22 ,1985	Manner of injury	
19. UNDERTAKER (Address)	22 ,1939 M.	s Am	Registrar.	24. Wes disease or injury in any way related to occupation of deceased?	

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Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00883
1. PLACE OF DEATH	59
County Jonsenset	Registration Dist. No. 2 6 5
Village or City Cristield	NoSt.,Ward
Length of residence in city or town where deeth occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
(a) Residence: No. Cus filed manyka	Ast, Ward. Jusey Section.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonrelident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purice the word)	21. DATE OF DEATH Jan 26 1935
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of hum Manuel	(Month) (Day) (Year) 22. I HEREBY CERTIFY, Thet I attended deceesed from 193 % to 244 - 193 %
6. DATE OF BIRTH (month, day, and year)	Plast saw h alive on An 5 6 , 19 3 ; death is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated ebove, et. 2
R Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Totel time (years) spant in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Mys Darlette
13. NAME OMSTOWN 14. BIRTHPLACE (city or town) Severy (Stete or country)	Name of operation Date of Whet test confirmed diagnosis? Laspe Frame Was there an eulopsy? We
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was due to externel ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT(Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, EREMATION, OR REMOVAL Place auxoma Con Date on 28, 1931	Manner of injury
19. UNDERTAKER JOHN A Brodston	24. Wes diseese or injury In any way related to occupation of deceased?
20. FILED Jan 2- 8, 1935 Lo Elo allins. Registrar.	(Signed) Colling Ward M. D. (Address) Crus Hill M. D.

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1015		
1010	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
ly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
ny 1,1923	Gastroenteritis	1 year
l	y 5 , 1927	Other contributory causes of importance:

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1	STATE OF MARYLA	ND-	CERTIFICATE OF DEATH	
1	. PLACE OF DEATH		92-0	
	County Somerat & WITHIN	CORPO	DRATE LIMITS OF Registration Dist. No. 2 6	5
	Village or City Crisfield Mil.		No. Jerrey St.,	Ward
	Length of rasidence in city or town where daath occurred from the common state of the	(7)	death occurred in a horpital or institution, give its NAME instead of street and records. Low long in U.S. if of foreign birth?	
1	FULL NAME Mu Sullon	0. 1		
	(a) Residence: No. (Usual place of abode)	my	St., Ward. If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULAR	RS	MEDICAL CERTIFICATE OF DEATH	
	Tomale Colored 5. SINGLE, MARRIED, WIE OR DIVORCED (write the		21. DATE OF DEATH	, 1935 (Year)
Эа.	HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I attended	deceased from
	DATE OF BIRTH (month, day, and year) Sent- 17,190	3	I last saw h QV aliva on Street 1935	daath le cale
-		SS than	to have occurred on the date stated above, at 1:30 P. m.	., udatii 13 3ait
	32 . 3 24 1day,	hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:	100
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	v	701. + 1 ; 1/2.	Oate of onset
OCCUPATION	9. Industry or business in which work was done, as SILK MILL,	,	That was suggested the	2-6
CUE	SAW MILL, BANK, etc.	-		1934
00	10. Date deceased last worked at this occupation (month and year) 11. Total time (years year) 1933 occupation	104M		
12	BIRTHPLACE (city or town) Crisheld My	el	Other Coutributory Causes of Importance:	
1	(State or country)	. 1	Brouslif:	Dec-
ER	13. NAME Julius Jurner			26,193
FATH	14. BIRTHPLACE (city or town) Under the common of the comm		Name of operation Oete of	
-	(State or country)		What test confirmed diagnosis? Was there an a	utopsy?
HER	15. MAIOEN NAME Aury Frences for	mes	23. If death was due to external ceuses (VIOLENCE) fill in also the following	
MOT	16. BIRTHPLACE (city or town) Dulaman	·	Accident, suicida, or homicide? Date of injury	, 19
X	(State or country)		Whera did injury occur? (Specify city or town, county and State	
17.	INFORMANT Active the Colon (Address)	2	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMATION, OR REMOYAL Place Tow Lond Com Oate Jan 13	., 19.3	Manner of injury	
19.	UNDERTAKER JOHN aBradston		24. Wes disaase or injury in any way related to occupation of deceased?	no
20.	FILED Jan 13 A955 6 6 ball	ins	If so, specify W. F. Butaber	м. С
		Registrar.	(Address) Mariel of Marie	
	15 more dianks are needed, address Stat	te Kegistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 0	July 5,1927	Peritonitis	3 days ago
BURLAU V.S.			
Other contributory causes of importance:	14-6-74	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	(130)	
County Somerset	Registration Dist. No. 26	0
	NoSt.,	
PI	How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Identialla lilghm		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) 193	5 Yeer)
a. If married, widowed, or divorced HUSBAND of Raise Wilson Inghman	22. I HEREBY CERTIEY. That I attended decease the second s	sed from
DATE OF BIRTH (month, day, end year) June 10 1886. AGE Yeers Months Days If LESS than	I lest saw h 2 alive on Team 5 , 19 85; deal to heve occurred on the date stated ebove, et 10 3 mm.	th is seld
48 7 10 I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:	e of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Gostroouteritie 12	26)
year) [1ec 25] occupation & 9	Other Contributory Causes of importance:	
(State or country) Somorset Sounty Tyd.	General Nervous noss	
14. BIRTHPLACE (city or town)(State or country)	Neme of operation Date of Date of Whet test confirmed diagnosis? NDue & Westhere en au'ops:	y? 1 0
15. MAIDEN NAME 2 pora Ballara 16. BIRTHPLACE (city or town)	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?	19
7. INFORMANT (2) C.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
Place IN Isley Carretopate Jan 2 1, 19. 35	Nature of injury	
9. UNDERTAKER James VI Delinia (Address) Romania America Mod	24. Was disease or injury In any way related to occupation of deceased?	
10. FILED Jan 122, 19 35 2, Snith, M. D. Registrar.	(Signed) State d. Allerss) Carrier -	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
FEB 6 1935				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		A STATE OF THE STA		

19. UNOERTAKER

(Address)

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00885
Village or City Crisfield, Mol.	Registration Dist. No. 2 6 J No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Infant Tyle	N.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX J. 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH Jan 14 th, 1935 (Month) (Oay) (Yaar)
HUSBANO of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attanded daceased from
	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	I last saw h alive on, 19; death is said to have occurred on the date stated above, at m. Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Complete the factor of the complete of the
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and year) occupation	fireleff by truetion
12. BIRTHPLACE (city or town) Cuffill Male (Stata or country)	Other Coatributary Canses of importanca:
13. NAME IV- Have Tyler	
13. NAME Was Habee Tyler 14. BIRTHPLACE (city or town) Crispiel M. (State or country)	Name of operation Data of Was there an autopsy?
15. MAIOEN NAME Agnels Johnson. 16. BIRTHPLACE (city or fown) Delacered & Md.	23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Marie Tyler (Address) (Address) 18. PURILLE OF STATION OF STA	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place ashery Conselety Date Jan 16-1, 1935	Manner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address) __ C

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Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY 1	PHYSICIAN	BY	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1886
1. PLACE OF DEATH	- D	
County Serverset	Registration Dist. No. 26	4
0.11.00		
Village or City Market Well	NoSt.,St.,Step of the property of the pro	ward (ward)
Length of residence in city or town where deeth occurred.	How long in U.S. if of foreign birth?yrsmos	
2 FILL NAME Maria Olivas B	tates so	
Of the self the	O. Ward	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH	
Fernal See OR DIVORCED (write the word)	fled &	193
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBANO of Selecter 9. Walter	22. OHEREBY CERTLEY, Thel I attended d	eceased from
	OCT, 28 1934, 10 Jan. 89	19.35
6. DATE OF BIRTH (month, day, end year) Rev. 100 1814	I last saw h.C. alive on 1990	death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, atm.	
60 12 28 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trede, profession, or particular	Here realized alived	Cate of enset
kind of work done, es SPINNER, Howesheele	1 da Queris	
9. Industry or business in which	age to Remember Full	10/20/
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked at this occupation (month and		
year) occupation occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Pulper Factories	Mycreeden	12/251
(State or country) something, mg.	Fackers	13-
13. NAME Shung Backelt		
14. BIRTHPLACE (city or town).	Neme of operation	
(State or country)	What test confirmed diegnosis?	topsy?_
15. MAIDEN NAME PRESSER A. Moggo	23. If death wes due to externel causes (VIOLENCE) fill In elso the following:	
15. MAIDEN NAME Hard A. Boggo	Accident, suicide, or homicide? Dete of injury	
State or country)	Where did injury occur?	,
Police Sta	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CE
17. INFORMANT (Address) Address H. P.O., M.O.	opens, medici mary occurry in product, in flower, or in robert real	UE.
18. BURIAL, CHEMATION, OF REMOVAL	Menner of injury	
Place Ireanmount Empate Lan 18, 1935	Nature of injury	
Graham Water		
19. UNOERTAKER / AUCTOM / MUCHOL	24. Wes disease or Injury In any way related to occupetion of deceased.	
Jan 10 34 (15 A show and	If so, specify	10
20, FILED XXM 101, 1934 77 6 00 11 Printer N	(Signed)	M. U.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

5	item of infor-	should state	of OCCUPA.	
•	T RECORD. Every	Y. PHYSICIANS	Exact statement	
FOR BINDING	IS A PERMANEN	stated EXACTL	properly classified.	ertificate.
Q	HIS	be	be	of c
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	E PLAMEL	should be c	E OF DEATH	is very impo

N. B.-WRITE PL.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Sandrell	Registration Dist. No. 2 65
Village or City Price will	No. N. 4 hi St. St., Ward
Length of residence In city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. N of foreign birth?yrsmosds.
2. FULL NAME HOWKILLE WILL KIND	
(a) Residence: No. 1. 4 th St	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 8 (Month) (Day) (Year)
5a. If married, wildowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 1933, to
6. DATE OF BIRTH (month, day, and year) 1473	I last saw h. L. 2 alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at/_/
61 7 0 1 day, hrs. or mip.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
8. Trade, prolession, or particular kind of work done, as SPINNER, SAWYER ROOKEFERS at	Agalistes malfixus 1934
9. Industry or business in which	Chrone reflectes 1921
work was done, as SILK MILL, SAW MILL, BANK, etc.	asseritables 1730
10. Date deceased last worked at this occupation (month and 1933 spent in this occupation spent in the spent in this occupation spent in the s	
12. BIRTHPLACE (city or town) Smallest 4 (State or country)	Other Contributory Causes of Importance:
13. NAME Agsehl Within	
13. NAME Joseph Without 14. BIRTHPLACE (city or town) Somest	Name of operation
(State of country)	What test confirmed diagnosis? Llevel Was there an autopsy? - Ho
15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) Somethant Cl	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Somethand CV	Accident, suicide, or homicide
State or country)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mile Mittle Jung Well	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mounaco Oate - Conc. 7.1., 19 35	Manner of injury
Place Molunaco Oate Jan 31, 1935	Nature of injury
19. UNDERTAKER Copposition At words (Address) marion Ind.	24. Was disease er injury In any way related to occupation of deceased?
20, FILED JA 31 , 1935 Localina . Registrar.	(Signed) S. In . Very ton M.D. (Address) Cristald Md.
If more blanks are needed address State Peristran	N. Charles Street Bulimon Providence 1 S. Ma

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

Length of residence In city or town where death occurred	ARYLAND—CERTIFICATE OF DEATH 00888
Village or City. Willage or City. Ward. (If death occurred in a horpital or institution, give its NAME instead of street and numb. As. How long in U.S. If of foreign birth? Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (sprite the word) 5a. If married, widowed, or divorced HUSBARD of (Or) WIFE or (Or) WIFE or (Or) WIFE of (Or) WIFE or	109 27
Village or City	Registration Dist. No. 263
Length of residence In city or town where death occurred. Length of residence In city or town where death occurred. Length of residence In city or town where death occurred. Length of residence In city or town where death occurred. Length of residence In city or town where death occurred. Length of residence In city or town where death occurred. Length of residence In city or town where death occurred. Length of residence In city or town where death occurred. Length of residence In city or town where death occurred. Length of residence In city or town where death occurred. Length of residence In city or town where death occurred. Length of residence In city or town where death occurred. Length of residence In city or town where death occurred. Length of residence In city or town where death occurred. Length of residence In city or town where death occurred or should a length occurred. Length of residence In city or town where death occurred or should be a length occurred. Length of residence In city or town and State In the occurred or should be a length occurred. Length of residence In city or town and State In the occurred or should be a length occurred. Length of residence In city of foreign birth? Length of foreign birth. Length of foreign birth? Length of foreign birth?	1 Walker Change REAM T
2. FULL NAME (a) Residence: No Part Cluster Company Company Cluster Company C	(If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No Cusual place of abode) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE OR PLYORCED (partic the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days I LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and year) Dithor Contributory Causes of importance: (Month) (Month) (Day) 21. DATE OF DEATH 22. 1 HEREBY CERTIFY, That I attended deceased last saw h alive on. 19	redyrs,mosds. How long in U.S. If of foreign birth?yrsmosds.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (sprite the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Dithor Contributory Causes of importance: (Usual place of abode) MEDICAL CERTIFICATE OF DEATH (Month) (Day) 22. 1 HEREBY CERTIFY, That I attended deceases to the variety of the date stated above, at 2.50 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows MODICAL CERTIFICATE OF DEATH (Month) (Day) 22. 1 HEREBY CERTIFY. That I attended deceases to the variety of the date stated above, at 2.50 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows MODICAL CERTIFICATE OF DEATH (Month) (Day) 1 List saw h	rard William
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3. SEX 4. COLOR OR RACE OR DIVORCED (sprite the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bob 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 11. Total time (years) spent in this occupation 12. DATE OF DEATH (Month) (Month) (Day) 22. 1 HER EBY CERTIFY, That I attended deceased. 19. to 10. Just saw h. alive on. 11. Total time (years) spent in this occupation (month and year) 11. Total time (years) spent in this occupation. 12. DATE OF DEATH (Month) (Month) (Month) (Month) (Day) 12. DATE OF DEATH (Month) (Month) (Month) (Month) (Day) 12. 1 HER EBY CERTIFY, That I attended deceased. 1 I last saw h. alive on.	
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Both 6. DATE OF BIRTH (month, day, and year) March 25-1934 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) Description: 22. I HEREBY CERTIFY. That I attended deceased to have occurred on the date stated above, at \$2.50 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: When the profession of the date stated above, at \$2.50 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: When the profession of the date stated above, at \$2.50 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: When the profession of the date stated above, at \$2.50 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: When the profession of the date stated above, at \$2.50 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: When the profession of the date stated above, at \$2.50 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: When the profession of the date stated above, at \$2.50 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Death of the profession of the date stated above, at \$2.50 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Death of the profession of the profession of the profession of the profession of the date stated above, at \$2.50 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Death of the profession of the	VORCED (purite the word)
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12 DIDTUDI ACE (aith or forms) (1 th (1010) . (1010)	Dther Contributory Causes of importance:
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13. NAME Wille Williams 14. BIRTHPLACE (city or town) North Causlona Name of operation. Date of Date	was
4 14. BIRTHPLACE (city or town) North Caulous Name of operation Date of	Name of operation Date of
(State or country) What test confirmed diagnosis? Was there an autops	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (VIOLENCE) fill in also the following:	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?	Where did injury occur?
17. INFDRMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Price and RED 7/1	RED'#./
18. BURIAL, CREMATION, OR REMOVAL Place And Ocean Date Jone 18 1925 Manner of injury	, ()
Place M. Date Fry 1923 Nature of injury	Nature of injury
19. UNDERTAKER Cule, description of deceased? (Address) 27. Come, male in the first second of the s	. ()
20. FILED Janus 17, 1933; Stephen, Holling (Signed) KOV. Johnson Health)	extestible. (Signed) KN. To the or wall for M. T.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WINEAU Y. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year